

EPA United States Environmental Protection Agency Washington, DC 20460 Work Assignment		Work Assignment Number 3-51 <input type="checkbox"/> Other <input type="checkbox"/> Amendment Number:								
Contract Number EP-C-08-010		Contract Period 12/16/2008 To 11/30/2012 Base Option Period Number 3								
Contractor SCIENTIFIC CONSULTING GROUP, INC, THE		Title of Work Assignment/SF Site Name Sup EPA Risk Assessment Forum								
Specify Section and paragraph of Contract SOW 2.2										
Purpose: <input type="checkbox"/> Work Assignment <input type="checkbox"/> Work Assignment Close-Out <input type="checkbox"/> Work Assignment Amendment <input type="checkbox"/> Incremental Funding <input checked="" type="checkbox"/> Work Plan Approval		Period of Performance From 02/02/2012 To 11/30/2012								
Comments:										
<input type="checkbox"/> Superfund		Accounting and Appropriations Data								
<input checked="" type="checkbox"/> Non-Superfund										
Note: To report additional accounting and appropriations data use EPA Form 1900-69A.										
SFO (Max 2) <input type="checkbox"/>										
Line	DCN (Max 6)	Budget/FY (Max 4)	Appropriation Code (Max 6)	Budget Org/Code (Max 7)	Program Element (Max 9)	Object Class (Max 4)	Amount (Dollars)	(Cents)	Site/Project (Max 8)	Cost Org/Code (Max 7)
1										
2										
3										
4										
5										
Authorized Work Assignment Ceiling										
Contract Period:		Cost/Fee:		LOE:						
12/16/2008 To 11/30/2012										
This Action:										
Total:										
Work Plan / Cost Estimate Approvals										
Contractor WP Dated:		Cost/Fee:		LOE:						
02/15/2012		\$86,197.00		789						
Cumulative Approved:		Cost/Fee:		LOE:						
		\$86,197.00		789						
Work Assignment Manager Name Lawrence Martin							Branch/Mail Code:			
_____ (Signature) (Date)							Phone Number 202-564-6497			
							FAX Number:			
Project Officer Name Verla Sutton-Busby							Branch/Mail Code:			
_____ (Signature) (Date)							Phone Number: 202-564-6808			
							FAX Number:			
Other Agency Official Name							Branch/Mail Code:			
_____ (Signature) (Date)							Phone Number:			
							FAX Number:			
Contracting Official Name Renita Tyus							Branch/Mail Code: CPD			
_____ (Signature) 3/13/12 (Date)							Phone Number: 513-487-2094			
							FAX Number: 513-487-2109			